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PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. M4065.0469/P469

First Inventor Scott Van De Graaff

Title SMALL ANTI-FUSE CIRCUIT TO FACILITATE  
PARALLEL FUSE BLOWING

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)  
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.  
3. ☒ Specification [Total Pages 28]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]

5. Oath or Declaration [Total Pages 2]

- a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Box Patent Application  
Commissioner for Patents  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))  
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney  
11. ☐ English Translation Document (if applicable)  
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations  
13. ☐ Preliminary Amendment  
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)  
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label



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or ☐ Correspondence address below

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Registration No. (Attorney/Agent) 28,371

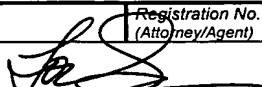
Signature

Date

August 30, 2001

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>				<b>Complete if Known</b>			
				Application Number		Not Yet Assigned	
				Filing Date		August 30, 2001	
				First Named Inventor		Scott Van De Graaff	
				Examiner Name		Not Yet Assigned	
				Group Art Unit		N/A	
TOTAL AMOUNT OF PAYMENT (\$)				1,740.00		Attorney Docket No. M4065.0469/P469	

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																											
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">04-1073</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;"></span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>				<p>3. 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55	-20** = 35	18.00	630.00																																																																																																																																																																																												
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Large Entity		Small Entity		Fee Description																																																																																																																																																																																											
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103	18	203	9	Claims in excess of 20																																																																																																																																																																																											
102	80	202	40	Independent claims in excess of 3																																																																																																																																																																																											
104	270	204	135	Multiple dependent claim, if not paid																																																																																																																																																																																											
109	80	209	40	** Reissue independent claims over original patent																																																																																																																																																																																											
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																											
<b>SUBTOTAL (2) (\$)</b> 1,030.00																																																																																																																																																																																															
SUBMITTED BY				Complete (if applicable)																																																																																																																																																																																											
Name (print/type)		Thomas J. D'Amico		Registration No. (Attorney/Agent)		28,371																																																																																																																																																																																									
Signature				Telephone		(202) 828-2232																																																																																																																																																																																									
				Date		August 30, 2001																																																																																																																																																																																									